MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/ 554155

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/			
3			/			
4			/			
5			/			
6			/			
7						
8				2		
9				/		
10				/		
11				/		
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45				/		
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48				/		
49				/		
50				/		
TOTAL IND.	↓		↓		↓	
TOTAL DEP.						
TOTAL CLAIMS						

PTO-1360 (3-78)

		IND.	DEP.	IND.	DEP.	IND.	DEP.
51					/		
52					/		
53							1
54					/		
55					/		
56					/		
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98							
99							
100							
TOTAL IND.							
TOTAL DEP.			↓	16	↓		↓
TOTAL CLAIMS				50 66			